S. No. 2
M—5-42
. 5-17-39
I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37336

State File No.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 526

49
2
5

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether

In this community 40 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49 2

(c) City or town Joplin 5 (If outside city or town limits, write "RURAL")

(d) Street No. 806 1/2 Main (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Margie Troxel

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex fem

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Althea Troxel

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased March (Month) 17 (Day) 1900 (Year)

8. AGE: Years	Months	Days	If less than one day
42	8	17	hr. min.

9. Birthplace Siolam Spring (City, town, or county) Ark. 1 (State or foreign country)

10. Usual occupation housewife

11. Industry or business self

FATHER
12. Name Jack Stover
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Alice unknown
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Althea Troxel

(b) Address 806 1/2 Main Joplin Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec. 2 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Osborn Memoral Cem.

18. (a) Signature of funeral director Parker Hunsaker

(b) Address 1502 Joplin St. Joplin Mo.

19. (a) 12-2-42 (Date received local registrar) (b) Gertrude Sudhoette (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30 year 1942 hour 4 minute 45 P M.

21. I hereby certify that I attended the deceased from Nov-14-1942, 19, to Nov-30, 1942 that I last saw her alive on Nov-30, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Encephlomelsia

Due to Increased spinal pressure

Due to Acrosis of liver

Other conditions C.T.C. all organs (Include pregnancy within 3 months of death)

Major findings: Of operations 83 C

Of autopsy Same as above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. C. Coats (M. D. ~~or other~~)

Address 306 Frisco Blvd Date signed Nov-30-42

1204

(Licensed Embalmer's Statement on Reverse Side)

42-11-988

DEC 16 1942

DEC 11 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Steve D Parker

Licensed Embalmer No. 2548

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.